



Number \_\_\_\_\_  
OFFICIAL USE ONLY

Received \_\_\_\_\_

## CITIZEN BOARD AND COMMISSION EXPRESSION OF INTEREST FORM

Please indicate with an 'X' as many as meet your interests:

- |  |   |
|--|---|
| <input type="checkbox"/> Accessibility Advisory Board            | <input type="checkbox"/> Human Relations Commission                               |
| <input type="checkbox"/> Animal Control Advisory & Appeals Board | <input type="checkbox"/> Library Board  |
| <input type="checkbox"/> Board of Health                         | <input type="checkbox"/> Park and Recreation Advisory Board                       |
| <input type="checkbox"/> Board of Zoning Appeals                 | <input type="checkbox"/> Salina Airport Authority                                 |
| <input type="checkbox"/> Building Advisory Board                 | <input type="checkbox"/> Salina Arts and Humanities Commission                    |
| <input type="checkbox"/> City Planning Commission                | <input type="checkbox"/> Salina Business Improvement District Advisory Board      |
| <input type="checkbox"/> Community Corrections Board             | <input type="checkbox"/> Salina Business Improvement District Design Review Board |
| <input type="checkbox"/> Convention and Tourism Committee        | <input type="checkbox"/> Salina Tree Advisory Board                               |
| <input type="checkbox"/> Disciplinary Advisory Board             | <input type="checkbox"/> Solid Waste Management Committee                         |
| <input type="checkbox"/> Heritage Commission                     | <input type="checkbox"/> Special ad hoc Project Committee                         |
| <input type="checkbox"/> Housing Authority of the City of Salina | Which Project _____   |

### Special Instructions:

- 1) Please print in black ink or type, if possible. Please do not write on the back of this form; use another sheet of paper, if necessary.
- 2) Please return to: City of Salina, City Clerk's Office, Room 206, 300 W. Ash or Mail to P.O. Box 736, Salina, KS 67402-0736.

Please Note: All information provided by you on this form is subject to Kansas Open Public Record Statutes. As public information, it may be requested by news media representatives or discussed in public meetings.

Title ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Number of years you have lived in Salina \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Fax) \_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Education (Highest school year, degrees, etc.) \_\_\_\_\_

Prior Appointed or Elected Offices held (if any)

\_\_\_\_\_  
\_\_\_\_\_

Present and past community volunteer activities: \_\_\_\_\_

\_\_\_\_\_

Why would you like to serve? (Please discuss specific interest, experience and qualifications which would make you an effective board member.)

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

This interest form will be kept on file for two (2) years.

(Rev.11/04)